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PTO/SB/97 (08-00)

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Peter V. Schroeder

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Submitted herewith are:

Transmittal Form, Response to Office Action of March 11, 2005
Patent Application Fee Determination Record

In Re Application Of: Brian Westfall
Filing Date: 10/08/2003
Serial No.: 10/681,854
Attorney Docket No.: ALPI-18833

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/21 (09-04)

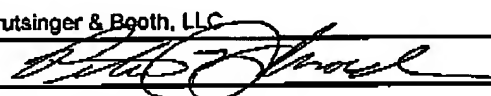
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/681,884
	Filing Date	10/08/2003
	First Named Inventor	Brian Westfall
	Art Unit	3724
	Examiner Name	Hamilton, Isaac N.
	Attorney Docket Number	ALPI-18833
Total Number of Pages to This Submission		8

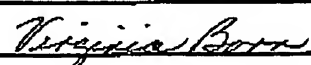
ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Crutsinger & Booth, LLC		
Signature			
Printed name	Peter V. Schroeder		
Date	April 11, 2005	Reg. No.	42,132

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Virginia Born	Date	April 11, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/06 (05-03)

Approved for use through 4/30/2003. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number ALPI-18833	
Substitute for Form PTO-875						
CLAIMS AS FILED – PART I						
(Column 1)		(Column 2)		SMALL ENTITY		OR
OTHER THAN SMALL ENTITY						
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE	RATE	FEE
BASIC FEE (37 CFR 1.16(a))				\$ _____		\$ _____
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	*	X \$ _____ =		X \$ _____ =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 20 =	*	X \$ _____ =		X \$ _____ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+\$ _____ =		+\$ _____ =	
			TOTAL		TOTAL	
* If the difference in column 1 is less than zero, enter "0" in column 2.						
CLAIMS AS AMENDED – PART II						
(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY
OTHER THAN SMALL ENTITY						OR
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE
Total (37 CFR 1.16(d))	16	Minus 20	= 0	X \$ _____ =		X \$ _____ =
Independent (37 CFR 1.16(b))	3	Minus 4	= 0	X \$ _____ =		X \$ _____ =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+\$ _____ =		+\$ _____ =
				TOTAL ADD'L FEE		TOTAL ADD'L FEE
(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY
OTHER THAN SMALL ENTITY						OR
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE
Total (37 CFR 1.16(d))		Minus	=	X \$ _____ =		X \$ _____ =
Independent (37 CFR 1.16(b))		Minus	=	X \$ _____ =		X \$ _____ =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+\$ _____ =		+\$ _____ =
				TOTAL ADD'L FEE		TOTAL ADD'L FEE
(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY
OTHER THAN SMALL ENTITY						OR
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE
Total (37 CFR 1.16(d))		Minus	=	X \$ _____ =		X \$ _____ =
Independent (37 CFR 1.16(b))		Minus	=	X \$ _____ =		X \$ _____ =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+\$ _____ =		+\$ _____ =
				TOTAL ADD'L FEE		TOTAL ADD'L FEE
<p>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</p> <p>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".</p> <p>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".</p> <p>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</p>						

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APR 11 2005

Application No.: 10/681,884
Date of Amendment: April 11, 2005
Date Office Action Mailed: March 11, 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/681,884
Applicant : Brian Westfall
Filed : October 8, 2003
TC/A.U. : 3724
Docket No. : ALPI-18833
Customer No. : 01224
Confirmation No. : 8194

RESPONSE TO OFFICE ACTION OF MARCH 11, 2005

Mail Stop Amendments
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed March 11, 2005, please amend the application as follows:

Amendments to the Specification: NONE

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Amendments to the Drawings: NONE

Remarks begin on page 5 of this paper.

Responsive to the restriction requirement, Applicant elects Group I, Claims 1-16, drawn to an apparatus for cutting a workpiece, classified in class 83, subclass 581.

Please cancel Claims 17-20 without prejudice.